

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:  8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>(MR)</u> FIRST <u>David</u> MI <u>L</u> NICKNAME LAST SUFFIX <u>Almanor</u>		<b>OFFICE USE ONLY</b> Date Received   Date Hand-delivered or Date Postmarked  Receipt # Amount \$ Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>811 Kleberg Court Southlake, TX 76092</u> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 505-3703</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>(MR)</u> FIRST <u>Catherine</u> MI <u>B</u> NICKNAME LAST SUFFIX <u>Almanor</u>		
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>811 Kleberg Court Southlake, TX 76092</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(650) 399-5287</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <u>3 / 26 / 2019</u> THROUGH <u>4 / 24 / 2019</u>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>5 / 4 / 2019</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<u>Carroll ISD Trustee Place 7</u>	<u>Carroll ISD Trustee Place 7</u>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*David L. Almond*

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *200.00*

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *1900.00*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ *50.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *846.00*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

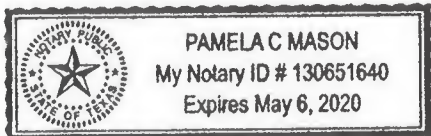
\$ *1656.39*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ *1,000.00*

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*David L. Almond*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *David L. Almond*, this the *25<sup>th</sup>* day of *April*, 20 *19*, to certify which, witness my hand and seal of office.

*Pamela C. Mason*

Signature of officer administering oath

*Pamela C. Mason*

Printed name of officer administering oath

*Admin Asst. /  
Notary Public*

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*David L. Almond*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2100 <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150 <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 846 <sup>02</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

David L. Alman

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Martha Reukema

6 Contributor address; City; State; Zip Code

908 Shadywood St. Southlake, TX 76092

7 Amount of contribution (\$)

100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Walker

Contributor address; City; State; Zip Code

1399 Provincetown Southlake, TX 76092

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brenda Forman

Contributor address; City; State; Zip Code

201 Sheffield Ct. Southlake, TX 76092

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Patricia Wilson

Contributor address; City; State; Zip Code

1481 E. Dove Southlake, TX 76092

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

*David L. Almand*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/1/2019*

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Dudley Jordan*

7 Amount of contribution (\$)

*250<sup>00</sup>*

6 Contributor address;

City; State; Zip Code

*1024 Marguerite Ct. Southlake, TX 76092*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/2/2019*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Curtis Green*

Amount of contribution (\$)

*500<sup>00</sup>*

Contributor address;

City; State; Zip Code

*1211 Ridgewood Cir. Southlake, TX 76092*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/2019*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Jill Lannen*

Amount of contribution (\$)

*100<sup>00</sup>*

Contributor address;

City; State; Zip Code

*1214 Wyndham Hill Ln. Southlake, TX 76092*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/8/2019*

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

*Luna Joseph*

Amount of contribution (\$)

*100<sup>00</sup>*

Contributor address;

City; State; Zip Code

*813 Kleberg Court Southlake, TX 76092*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

David L. Alman

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michelle Moore

6 Contributor address;

City; State; Zip Code

1307 Normandy Ct. Southlake, TX 76092

7 Amount of contribution (\$)

250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/15/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Doug Rhone

Contributor address;

City; State; Zip Code

816 Kleberg Court Southlake, TX 76092

Amount of contribution (\$)

200<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Brandt

Contributor address;

City; State; Zip Code

808 Victoria Lane Southlake, TX 76092

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>David L. Almond</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/1/2019</i>		5 Payee name <i>IMPACT 516NS</i>			
6 Amount (\$) <i>162.38</i>		7 Payee address; City; State; Zip Code <i>541 Industrial Blvd. Suite A Grapevine, TX 76051</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>David Almond</i>		Office sought <i>CI5D Trustee 7</i>	
Office held <i>CI5D Trustee 7</i>					
Date <i>4/2/2019</i>		Payee name <i>COSTCO Business Printing</i>			
Amount (\$) <i>260.40</i> <del>260.40</del> <i>168.86</i>		Payee address; City; State; Zip Code <i>3325 South 116th St. Suite 161 Seattle, WA 98168</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>David Almond</i>		Office sought <i>CI5D Trustee 7</i>	
Office held <i>CI5D Trustee 7</i>					
Date <i>4/5/2019</i>		Payee name <i>U2 Marketing</i>			
Amount (\$) <i>248.20</i>		Payee address; City; State; Zip Code <i>5900 Bingle Rd. Houston, TX 77092</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>David Almond</i>		Office sought <i>CI5D Trustee 7</i>	
Office held <i>CI5D Trustee 7</i>					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
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Travel Out Of District  
Other (enter a category not listed above)

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>David Almand</i>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4/19/2019</i>	<b>5</b> Payee name <i>IMPACT SIGNS</i>		
<b>6</b> Amount (\$) <i>216<sup>50</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>541 Industrial Blvd. Suite A. Grapevine, TX 76051</i>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <i>Advertising</i>		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div> <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH           </div> <div>             Candidate / Officeholder name  <i>David Almand</i> </div> <div>             Office sought  <i>CISD Trustee 7</i> </div> <div>             Office held  <i>CISD Trustee 7</i> </div> </div>		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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